

REMARKS / ARGUMENTS

In the most recent action, Claims 1-7, 9-15, 17, 18, 20-34, 47-56 were rejected under 102(e) as anticipated by US 6,408,330 to DeLaHeurga; Claims 35-46 were rejected under 103(a) over DeLaHeurga in view of official notice; and Claims 8, 16 and 19 were rejected under 103(a) over DeLaHeurga in view of US 6,083,248 to Thompson.

Claims 1-24, 26-56 were pending prior to this filing. Claim 5 has been cancelled herein, and independent claims 1 and 47 have been amended for the reasons indicated below. Basis for these features claimed in amended claims 1 and 47 may be found in Original claim 5; on page 3, lines 13-26 of description; and/or in Fig 1.

Further, new claims 62-72 are submitted herewith. Support for claim 62 is found in Original claim 5, on page 6, lines 22-23 and page 7, lines 24-25 of the original description, and in Fig 1. New claims 63 and 64 are supported by Original claims 17 and 19. New claims 65 and 66 find basis on Page 7, lines 24-25 of original description. New claim 67 finds basis in original claim 5, page 6, line 34 to page 7, line 2 of original description, as well as Fig 1. New claims 68 to 72 find basis in original claim 5, page 5, lines 22-24 and page 10, line 34 to page 11, line 14 of original description.

The independent claims presented (other than claim 68) include the requirement that "the patient electronic data collection system forms part of a medicament delivery system and is arranged to collect data when the patient uses the medicament delivery system". All independent claims are therefore submitted to be novel over DeLaHeurga, which does not teach the requirement that data is collected when the patient uses the medication dispenser 150 thereof, even at col. 17, lines 36-55 and Fig. 7 (as referred to by the Examiner).

Further, DeLaHeurga, in its more detailed description of the medication dispenser 150 thereof at for example, col. 18, line 60 to col. 19, line 8; and col. 49, line 15 to col. 57, line 24, teaches a dispenser that is clearly part of a pharmacist's system that is under the control of the pharmacist and thus, arranged to collect data when the pharmacist uses the system rather than as required by the claimed invention, when used by the patient.

To bring out this "patient use" aspect further, claims 1 and 47 include the further requirement that the medicament delivery system that collects the data is "under the control of the patient". This clearly differentiates over DeLaHeurga where the medication dispenser 150 is under the control of the pharmacist.

Claims 63-66 include the further requirement that "a patient-remote datasource is made available to the network computer system such that information relating to a clinical trials protocol is transferable thereto". This is neither described nor suggested in DeLaHeurga.

Claim 67 includes the further requirement that "a patient-remote datasource is made available to the network computer system such that information relating to changes to prescription details is transferable thereto". This is neither described nor suggested in DeLaHeurga.

In addition, Claims 68 to 72 include the requirement that "the medicament delivery system comprises a selector for selecting the amount of medicament to deliver, wherein the selector is operable in response to a signal from a transmitter." This is again neither described nor suggested in DeLaHeurga at all.

Thus, the claimed invention is submitted to be novel and non-obvious in view of DeLaHeurga.

Thompson relates to an implanted tracking system which monitors a patient's cardiovascular condition and their geographic location by use of a GPS. It does not, in combination with De la Heura, render the instant invention obvious, nor would one of ordinary skill seek to modify the De la Heurga system based on

the teachings of the Thompson reference. This is because Thompson relates to an implantable monitoring system in a patient, and De la Huerga, to an information collection system used by a physician in a hospital or practice setting, and which is in the possession of and under the control of the physician. The ability to locate the patient is not achieved by locating the De La Huerga data collection device, which is maintained by the physician.

For the above reasons, applicant respectfully traverses the examiner's findings in the prior action, requests reconsideration of the claims, and solicits a finding that the claims are patentable as presented.

Respectfully submitted,

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